PTO/SB/17 (10-07)
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FEE TRANSMITTAL FOR FY 2008  Applicant claims amall entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (8) 260.00  Attorney Docket No.  Deposit Account Deposit Account Number  Other (please identity):  Charge fee(s) Indicated below  Charge fee(s) Indicated below  Charge says additional fee(s) or underpayments of legislation of the fee (s) under 37 CFR 1.16 and 1.15  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH F				Complete if Known					
FIGH FY 2008    First Named Inventor   Hisayosh TSUBAKI   Examiner Name   C. K. Peterson				Application Number		10/727,546-Conf. #7320			
FIGH FY 2008    First Named Inventor   Hisayosh TSUBAKI   Examiner Name   C. K. Peterson				Filing Date		December 5, 2003			
Application Type  Fee (S)  Fee (S)  Plant  210  105  105  105  105  105  105  105				First Named Inv	rentor	Hisayoshi TSUBAKI			
METHOD OF PAYMENT (check all that apphy)	FOFF1 2006			Examiner Name C. K. Peterson					
METHOD OF PAYMENT (check all that apphy)   Check   Credit Card   Money Order   None   Other (please identify):	Applicant claims small entity status. See 37 CFR 1.27			Art Unit		2622			
Check	TOTAL AMOUNT OF PAYMENT (\$) 260.00			Attorney Docket No. 2091-0302P					
X   Deposit Account   Deposit Account   Number   O2-2448   Deposit Account   Name:   Birch, Slewart, Kolssch & Birch, LLP	METHOD OF PAYMENT (check all that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	Check Credit Card Money Order None Other (please identify):								
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge any additional fee(s) or underpayments of   Charge fee(s) indicated below, except for the filing fee   Charge any additional fee(s) or underpayments of   Charge fee(s) indicated below, except for the filing fee   Charge fee(s)   Charg	X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
X   Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Total Claims	x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Search   S									
Application Type	FEE CALCULATION								
Application Type									
Application Type			SE		EXAMI				
Design   210   105   100   50   130   65	Application Type Fee		Fee (\$		Fee (\$)		Fees F	Paid (\$)	
Plant	Utility 31	0 155	510	255	210	105			
Reissue   310   155   510   255   620   310	Design 21	0 105	100	50	130	65			
Provisional   210   105   0   0   0   0   0	Plant 21	0 105	310	155	160	80			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  A	Reissue 31	0 155	510	255	620	310			
Fee (\$) Fee (\$)  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Pee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  A -3 =	Provisional 21	0 105	0	0	0	0			
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  4 - 3 =	2. EXCESS CLAIM FEES							Small Entity	
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Solve   Fee									
Multiple dependent claims  Total Claims Extra Claims 21 -20 = x 50.00 = 50.00  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  A -3 = x 210.00 = 210.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof -100 = /50 = (round up to a whole number) x =   4. OTHER FEE(\$) Non-English Specification, \$130 fee (no small entity) discount) Other (e.g., late filling surcharge):  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 29,680 Telephone (703) 205-8000									
Total Claims Extra Claims Fee (\$) Fee Paid (\$)  21 -20 = x 50.00 = 50.00  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  4 -3 = x 210.00 = 210.00  HP = highest number of Independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity) discount)  Other (e.g., late filling surcharge):  Signature Registration No. (703) 205-8000	- '								
21 -20 = x 50.00 = 50.00   Fee (\$)   Fee Paid (\$)    HP = highest number of total claims paid for, if greater than 20.  Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    4									
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SUBMITTED BY Signature Registration No. (Attorney/Agent) 29,680 Telephone (703) 205-8000	Non-English Specification, \$1	30 fee (no small ent	disc	ount)					
Signature Registration No. (Attorney/Agent) 29,680 Telephone (703) 205-8000	Other (e.g., late filing surcharg								
(Attorney/Agent) 29,000 Telaphone (703) 205-8000	SUBMITTED BY								
Name (Print/Type) Michael K. Mutter Date September 12, 2008	Signature				29,680	Telephone	(703) 20	5-8000	